

Name
in
Full

Richard J. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Synder Town Kent County
Date of death 1903 Month Mar Day 8 Age 65 Years
Sex Male Color or Race Black Birth-place Md
Married, Single or Widowed Married Occupation Laborer
Name of Wife or Husband Hannah E. Butler
Father's Name George Anderson Father's Birthplace Md
Mother's Maiden Name Connie Anderson Mother's Birthplace Md
Name of person giving information Hannah E. Butler How related to deceased his wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Kephritis. 120 How long one week.
Immediate Hydrocephalus. How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Wm. S. Maxwell.

Address

Still Pond.

Md.

Accident or Suicide?

8

Fountain

Albert Baynard

Town

Millington

County

Kent Co

MARYLAND

Died at

Millington

Month

3

Day

4

Y. M. D.

Native of

3 weeks

Occupation

Data 1903

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's Name

Frank Baynard

Mother's

Maiden Name

Mary Baynard

How long sick

Cause of

Primary

catarrh of the

Death

Immediate

Funeral

Accident, Suicide, Homicide

Reported by

2 Danes

199

Address

Millington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Beaves

Town

County

MARYLAND

Died at

Rock Hall Kent.

Month Day

Y. M. D.

Native of

Occupation

Date 190

3 March 37

Age 48 2 0

Bur. Fisherman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

93

How long sick

14 day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wootsey

John

Address

Rock Hall Kent Co.

May be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rudolph Beswodsky

own

County

Died at

Date 1903

Month Day

Y. M. D.

MARYLAND

Mar 6

Aga 54 3 8

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart disease

How long sick

Deceased

Death

Immediate

Exhaustion

Accident, Suicida, Homicida

Reported by

W. C. Suy M.D.

Address

8 Rockface Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John H. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

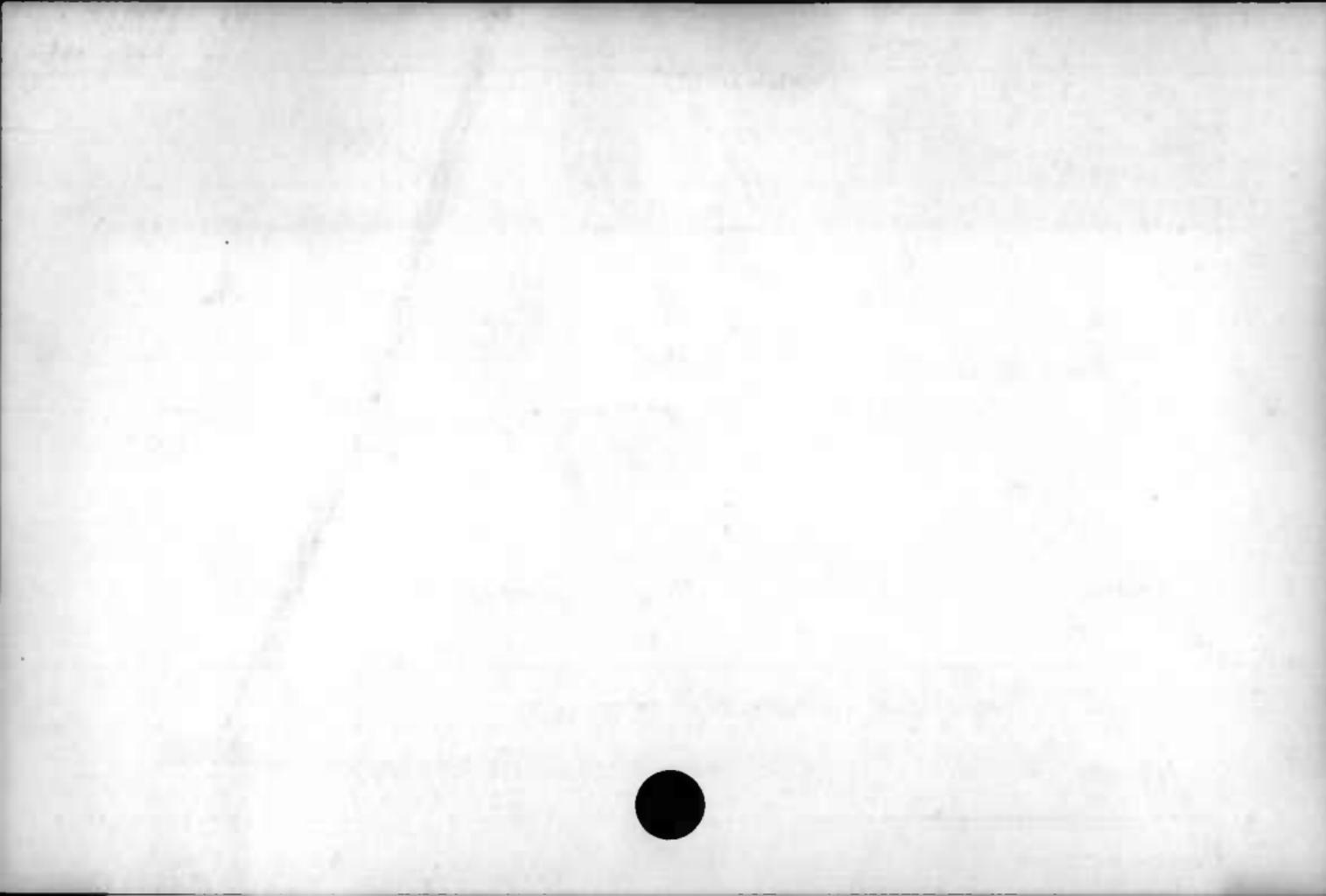
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Comona</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Mar.</u>	Day <u>19th</u>	Age <u>40</u>	Years	Months <u>—</u>	Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Kent Co.</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Laborer</u>			
Name of Wife or Husband <u>Manie Brown</u>						
Father's Name <u>Joe E. Brown</u>				Father's Birthplace <u>Kent Co.</u>		
Mother's Maiden Name <u>Agnes Murray</u>				Mother's Birthplace <u>Kent Co</u>		
Name of person giving information <u>Wm A Brown</u>				How related to deceased <u>Brother</u>		

CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	2	How long <u>3 months</u>
Immediate	<u>Hemorrhage from lungs</u>		How long <u>Had for 2 day o.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. J. Bringe Simhons</u>	
<u>Yes</u>		Address <u>Chestertown</u>	
Accident or Suicide? <u>No</u>		<u>Md.</u>	



Name
in
Full

✓annah Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903		Month March	Day 13	Age 71	Years —	Months —	Days —
Sex	Female	Color or Race	Occupation		Birth- place Butlerstown Md		
Married, Single or Widowed	Married	Occupation		Nurse			
Name of Wife or Husband	Robert Butler						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving Information	How related to deceased Son in law						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	12 days
Immediate	Exsanguination		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C P Gourman M.D.
			Address	Millingtown Md.
Accident or Suicide?		—		



Died at	Town		County		Native of		MARYLAND
	Month	Day	Y.	M.	D.		Occupation
Date 19	03	mar 28	19				
Male	White	Age	-Married		Widow	Divorced	
Female	Colored	Single			Widower		Number of children living
Husband of							
Wife							
Father's Name	Ellie Butler		Mother's	Emma Mills			
Maiden Name							
Cause of Death	Primary		How long sick				
Death	Immediate		Still Born		Accident, Suicide, Homicide		
Reported by	John & Adams		undertaker				
Address	Salon						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harriet Calleyhan

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

House Wkr

Mar 28

Age 68

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
Wife

Charles Calleyhan

Father's
Name

Henry Parker

Mother's
Name

Daoky Scott

Cause of

Primary

Paritouitis

How long sick

about 3 wks

Death

Immediate

116

Accident, Suicide, Homicide

Reported by

E G Clark

Address

Wilmington

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marie Dorsley

Sex Town County MARYLAND

Died at Galena Kent

1903 Month Day Y M. D. Native of Kent Co

Date 3 6 7 M. D. Native of Kent Co

Male White Widower Divorced

Female Colored Widower Number of children living 10

Husband of

Wife

Father's Name James Dorsley Mother's Name Lydia Dorsley

Cause of Death Primary Diphtheria How long sick 5 days

Death Immediate Nasal Hemorrhage Ascertained, Suicide, Homicide

Reported by Edward A. Scott, M.D.

Address Galena Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jones Edward

Town

Perryville

County

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03 Mar. 26

Age

23

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

fisher Edward

Mother's

Maiden Name

Matti Dohen

Cause of

Primary

Pneumonia

How long sick

7 days

Death

Immediate

Exhalation

Accident, Suicide, Homicide

Reported by

W. Wesley Jones

Address

8 Rockliffe

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister;



Sarah Eggersen & Eggersen

Town

County

Died at

Christsville

MARYLAND

Date 19

03

May 24

Y. M. D.

Native of

Occupation

Male

White

Age

55

Married

Widow

Female

Colored

Single

Widower

Number of children living

Two

Husband of

Wife

Father's

Name

Sarah Eggersen

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

2 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

John S Adams

Address

8 Saline

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Julia Annie Fletcher

Town
Laurel

County
Kent

MARYLAND

Died at

1903

Month

Day

Y. M. D.

Native of

Occupation

Date of

~~Male~~

White

Age

~~44~~

~~Laurel~~

~~—~~

Female

Colored

~~Married~~

Widow

~~Divorced~~

Husband

~~—~~

~~—~~

Widower

~~Number of children living~~

Wife

~~—~~

~~—~~

Father's

Mother's

Name

Walter Fletcher

Grace Victoria Fletcher

Cause of

Primary

How long sick

Death

Immediate

~~Stomach~~

~~3 days~~

~~(Fusiform neovascular)~~

~~Accident, Suicide, Homicide~~

Reported by

Dr. Wm. Lewis, M.D.
Chesapeake M.D.

Address

9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Died at

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	March	27	Age	66		Del.	
Male	White		Married			Divorced	
Female	Colored		Single			Widower	Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

50

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from _____
of _____

Name
in
Full

A. H. Gudgeon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deaf Co Alms House</u>		Town <u>Clinton</u>		County <u>Clinton Co.</u>		MARYLAND		
Date <u>Mar 28</u>	Month <u>Mar</u>	Day <u>28</u>	Age <u>92</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White American</u>	Occupation <u>Machinist</u>		Birth-place <u>—</u>		<u>Machinist</u>		
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>—</u>		Father's Name <u>—</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>					Mother's Birthplace <u>—</u>			
Name of person giving information <u>M. A. Johnson</u>					How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER.

Primary

Old age

How long

154

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M A Johnson
Husler

Accident or Suicide?



Luther

Harris

Town Rock Hall County Kent MARYLAND

Died at

Town

Rock Hall

County

Kent

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 11

Age 25

4

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Isaac Harris

Mother's

Maiden Name

Lusia Nickold

Cause of

Primary

M. & K. Kosowow

How long sick

Death

Immediate

7:10 Dr. in attendance

3 days

Accident, Suicide, Homicide

Reported by

Thos Gleaser, Undertaker

Address

Rock Hall, Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph E. Hickey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1908	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Kent Co
Married, Single or Widowed	Single		Occupation	Sailor	
Name of Wife or Husband					
Father's Name	Samuel J Hickey Sr			Father's Birthplace	Del.
Mother's Maiden Name	Eliza Johnson			Mother's Birthplace	Md
Name of person giving Information	Samuel J Hickey Jr			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 years
Immediate	Asthma		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Simpers	
Yes		Address	Chesterstown Kent Co	
Accident or Suicide?				



Name
in
Full

Charles Hudcheno

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Almshouse</u>		Town <u>Almshouse</u>		County <u>Kent</u>		MARYLAND	
Date of death 1903	Month 3	Day 20	Age 70	Years 70	Months —	Days —	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth- place					
Married, Single or Widowed <u>Single</u>	Occupation <u>Plasterer</u>						
Name of Wife or Husband <u> </u>							
Father's Name <u> </u>	Father's Birthplace <u> </u>						
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>						
Name of person giving Information <u>Wm Ford</u>	How related to deceased <u>None</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

6

How long

Winter

Immediate

6

How long

Spring

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John H. Thompson
Druggist
Bladensburg

8

Accident or Suicide?



Name
in
Full

Martha M. Hurd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Hanesville		Kent				
Date of death 1903	Month	Day	Years	Age	Months	Days	
	March	23	1	1	7		
Sex	Color or Race		white		Birth-place Kent Co Md		
Married, Single or Widowed			Occupation		None		
Name of Wife or Husband							
Father's Name	Walter Hurd		Father's Birthplace		Kent Co Md		
Mother's Maiden Name	Abbie Beresdale		Mother's Birthplace		Delaware		
Name of person giving information	Walter Hurd		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles

How long

Sixteen days

Immediate

congestion of lungs

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Hesser

Address

Hanesville Md

8

Accident or Suicide?

Union

Name
in
Full

William Hurd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Worton	County Kent	MARYLAND		
Date of death 1909	Month March	Day 16	Years	Months	Days 14
Sex Male	Color or Race White	Occupation None	Birth- place Kent Co Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Charles H. Hurd			Father's Birthplace Kent Co Md		
Mother's Maiden Name Anna F. Hysnon			Mother's Birthplace Kent Co Md		
Name of person giving Information Charles H. Hurd			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stomach trouble	How long 104 days
Immediate Spasms.	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John H. Hessey Address Harrison Md
<i>J</i> John H. Hessey	

St Pauls

Name
in
Full

Sarah Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Chesapeake

County

Ran

MARYLAND

Date
of death 1903

Month

Day

Years

Mar 23

Age

85

Months

Days

Sex

female

Color or
Race

Black

Birth-
place

Married, Single
or Widowed

Occupation

house wife

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

How long

Immediate

15

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J E Ferguson and
Chesapeake 3

Accident or Suicide?



William Jester

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Georgetown</u>		Town <u>Talbot Co.</u> County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>27</u>	Years <u>67</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Delaware</u>	
Married, Single or Widowed	Occupation <u>Machinist</u>		
Name of Wife or Husband	<u>Catharine Jester</u>		
Father's Name	<u>Can't learn</u>	Father's Birthplace	<u>Can't learn</u>
Mother's Maiden Name	<u>Can't learn</u>	Mother's Birthplace	<u>Can't learn</u>
Name of person giving information	<u>Catharine Jester 93</u>		
How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid - Pneumonia</u>	How long	<u>Six days</u>
Immediate	<u>Uremic poisoning</u>	How long	<u>1</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. W. Sotimer</u>
		Address	<u>Salisbury, Md.</u>
8 Accident or Suicide?			



Name
in
Full

Emma Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u>		Town <u>Kent</u> County		MARYLAND		
Date of death <u>1903</u>	Month <u>March</u>	Day <u>18</u>	Age <u>18</u>	Years	Months <u>6</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Bk</u>	Occupation <u>single</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>single</u>	—		—			—
Name of Wife or Husband <u>—</u>	—		—			—
Father's Name <u>Alexandra Johnston</u>	—		—			Father's Birthplace <u>md</u>
Mother's Maiden Name <u>Carry Johnston</u>	—		—			Mother's Birthplace <u>md</u>
Name of person giving Information <u>Brother</u>	—		—			How related to deceased <u>Brother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long

Immediate Ex haemoptysis How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. R. Meeker
Still Pond md.



Accident or Suicide?



Name
in
Full

George See

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Worton		Town Worton		County Saint		MARYLAND		
Date of death 1903	Month March	Day 17	Age 88	Years 88	Months —	Days —		
Sex Male	Color or Race Black			Birth- place Md				
Married, Single or Widowed Single	Occupation Laborer							
Name of Wife or Husband								
Father's Name unknown			Father's Birthplace					
Mother's Maiden Name unknown			Mother's Birthplace					
Name of person giving Information Tilden Cooper			How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate Old Age 56

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

John H. Hessey

Address

Hanover Md.

8

Accident or Suicide?

Fountain Church

Lizzie Lee Kent

Town

County

MARYLAND

Died at

Date 19

D 2

Month

13

Day

34

Y.

M.

D.

Native of

Occupation

Male

Age

Married

Single

Divorced

Widow

Widower

Female

White

Colored

Number of children living

Not known

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

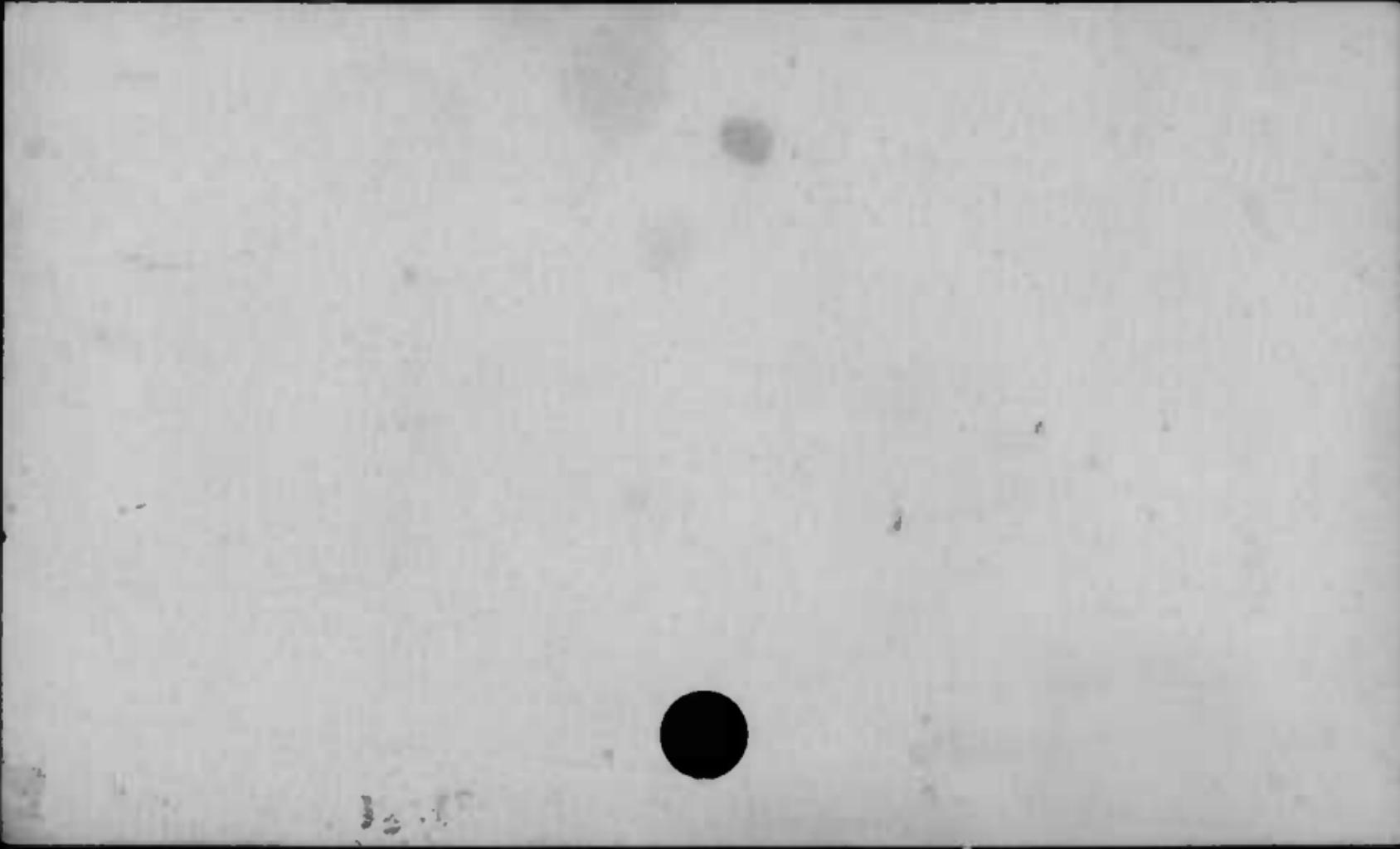
Reported by

Dr. W. J. Jacobs

Address

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sussie I Nickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kennedyville</u>		County <u>Hanover</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>March</u>	Day <u>13</u>	Age <u>28</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>	Occupation <u>Housewife</u>		Birthplace <u>Idel</u>	
Married, Single or Widowed <u>married</u>					
Name of wife or Husband <u>Charles W. Nickerson</u>					
Father's Name <u>Joseph Edwards</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Wilhelmina Edwards</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Chas Nickerson</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Syphilis</u>	How long <u>five days</u>
Immediate <u>Paralysis of heart</u>	How long <u>9/6</u>
Are the name, age, sex, color, race and place correctly given above? <u>yes</u>	Signature of Physician <u>G. Brown (Berwick, Md.)</u>
	Address <u>Kennedyville, Md.</u>
Accident or Suicide? <u>8</u>	

Kimberlyville

Sadie B holand

Town

County

Died at Rock Hall Kent

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Date 189

Male

White

Age 22

11

1

28

Occupation

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Joseph holand

Mother's
Name

Mary W holand

Cause of

Primary

Phthisis Pulmonalis

How long sick

10 month

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J.W. Mc Glary

W.H.

Address

Rock

Hall

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sonja J. Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <u>MD</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>3</u>	Day <u>16</u>	Years <u>73</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation		Birth-place <u>Baltimore Co</u>	
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input type="checkbox"/> Widowed					
Name of Wife or Husband <u> </u>					
Father's Name <u> </u>			Father's Birthplace		
Mother's Maiden Name <u> </u>			Mother's Birthplace		
Name of person giving information <u>Latimer</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage

How long 4 or 5 hours
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Wm Latimer
Salisbury MD

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1983	Month 3	Day 8	Years 73	Months	Days	
Sex	Male	Color or Race	Black				
Married, Single or Widowed		Occupation					
Name of Wife or Husband		Nuttage Rasud					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lebility

How long

Year

Immediate

11

5

How long

Are the name, age, sex, color, date
and place correctly given above?

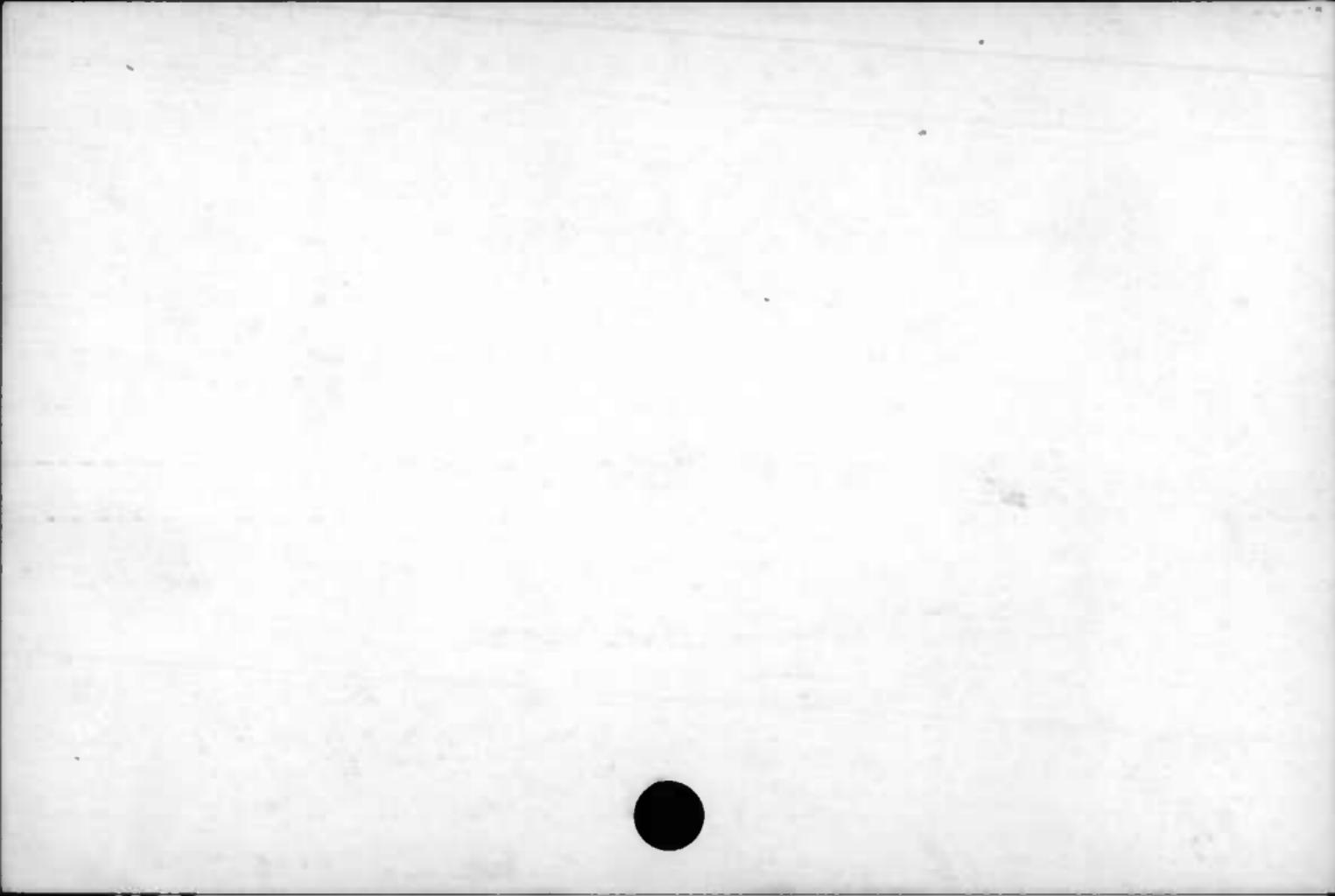
yes

Signature of
Physician

Address

Dr. Cummings
Dillingham

Accident or Suicide



Name
in
Full

Becky Medford Rengold

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Edgewater

County

Kent

MARYLAND

Date
of death 1903

Month

March

Day

21

Years

70

Months

Days

Sex Female

Color or
Race

Black

Birth-
place

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

120

CAUSES OF DEATH

Primary

Consumption & Bright's disease

How long

Immediate

Shock

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Bethel East MD
Edgewater
Maryland

Address

8

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Annie Scott

CERTIFICATE OF DEATH

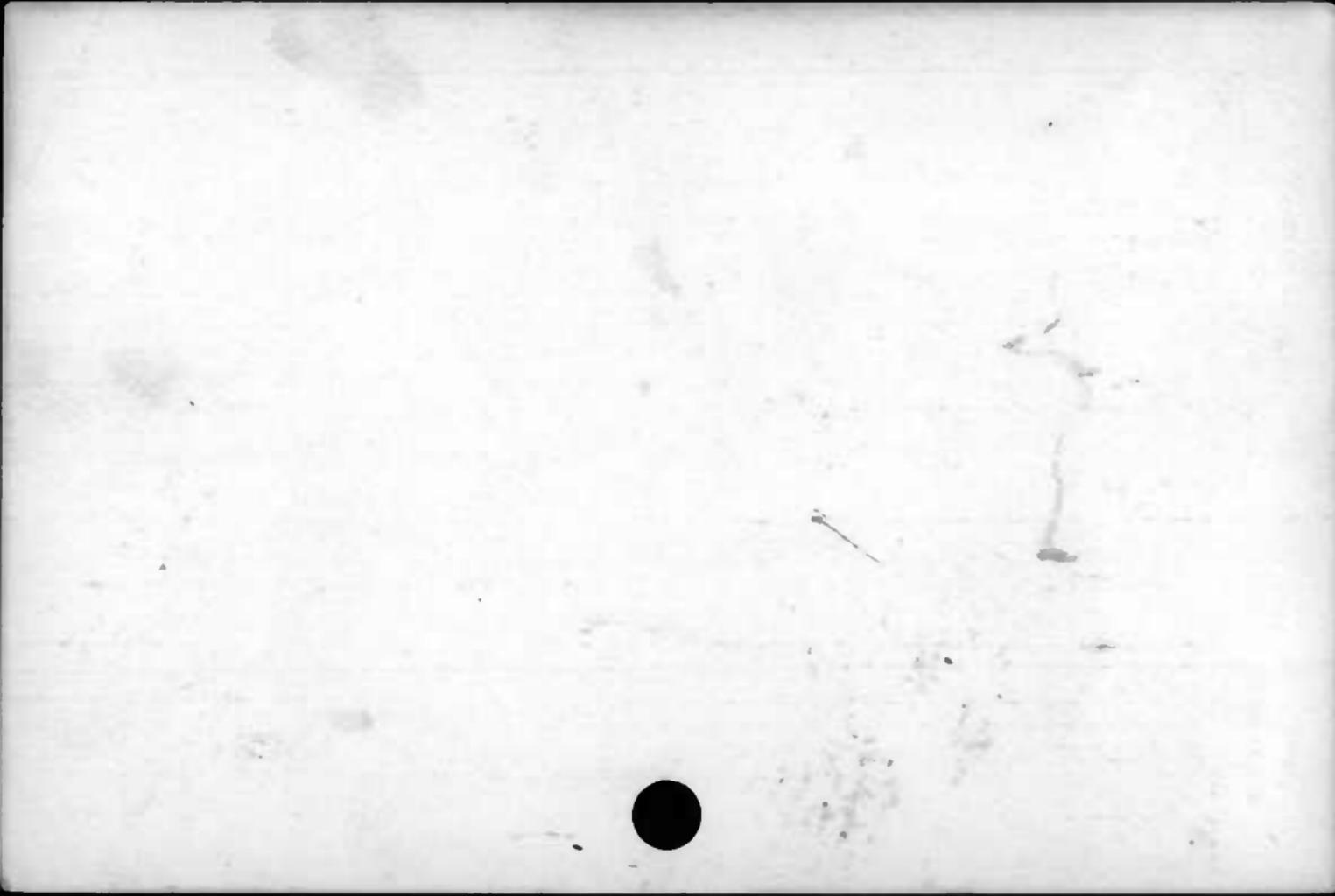
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake</u>		County <u>Keene</u>		MARYLAND		
Date of death 1903	Month <u>Mar</u>	Day <u>30</u>	Years <u>6</u>	Months <u>1</u>	Days <u>24</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth- place <u>Chesapeake</u>				
Married, Single or Widowed	Occupation		<u>None</u>			
Name of Wife or Husband			<u>70</u>			
Father's Name <u>Sacramel Scott</u>	Father's Birthplace <u>Chesapeake</u>					
Mother's Maiden Name <u>Annie Scott Dyer</u>	Mother's Birthplace <u>Cambridge</u>					
Name of person giving Information <u>Sacramel Scott</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Gastritis</u>	How long <u>12 hours</u>
Immediate <u>Convulsions</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C P Gouraud MD</u>
	Address <u>Willington</u>
8 Accident or Suicide?	



Name
in
Full

Annie Rebecca Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Melitola	County Kent	MARYLAND		
Date of death 1903	Month Mar	Day 21 st	Age 31	Years	Months —
Sex Female	Color or Race Black	Occupation Housewife	Birth- place Kent Co		
Married, Single or Widowed Married	Name of Wife or Husband George Stewart				
Father's Name Jefferson Wilson	Father's Birthplace Kent Co				
Mother's Maiden Name Annie Barrall	Mother's Birthplace Kent Co				
Name of person giving Information Geo. Stewart	How related to deceased Husband				

CAUSES OF DEATH

Primary	Tuberculosis		How long One year
Immediate	Asthma		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician H.G. Simpers.	Address Chesterstown, Kent Co
Accident or Suicide?	S		



Alocta Ward

Town

County

Died at

Georgetown

Kent

MARYLAND

Date 1903

Month March

Day 30

Y. 28

M.

D.

Native of Maryland

Occupation Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of

John Henry Ward

Wife

Father's

Name

Mother's

Maiden Name

Elizabeth Bauer

Cause of

Primary

abortion

How long sick

2 months

Death

Immediate

Sepsis

13

Accident, Suicide, Homicide

Reported by

J B Wilson - saw this woman but once Mar

Address

Edenville Kent Co Md. 3-1-1903

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret J White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	flatland	Realt				
Date of death 1903	Month March	Day 7	Age 72	Years	Months	Days
Sex Female	Color or Race White	Birth-place Cecil Co Md				
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	John White	Father's Birthplace		Cecil Co Md		
Mother's Maiden Name	Don't know	Mother's Birthplace		Cecil Co Md		
Name of person giving information	Mrs. Rev. T. Hudson	How related to deceased		Second Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright disease	✓	88	How long	3 years
Immediate	Bright Disease	✓	88	How long	3 years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John H. Neesey		
		Address	Hawesville Md.		
J					
Accident or Suicide?					

